

# Roanoke Fire-EMS Citizen Academy #2

## WHAT?

Roanoke Fire-EMS Citizen Academy #2

## WHO?

Citizens of the Roanoke Valley  
(can accommodate 25 – 30 people)

## WHERE?

Roanoke Regional Fire-EMS Training Center

## WHEN?

Friday, November 7, 2003  
6:00 p.m. – 10:00 p.m.

Saturday, November 8, 2003  
8:00 a.m. – 5:00 p.m. (lunch will be provided)

Sunday, November 9, 2003  
8:00 a.m. – 12:00 p.m.

## FOR MORE INFORMATION:

Please contact Roanoke Fire-EMS at 853-2327  
or via e-mail at [fire-ems@ci.roanoke.va.us](mailto:fire-ems@ci.roanoke.va.us).



# ROANOKE FIRE-EMS CITIZEN ACADEMY Application



DATE: \_\_ / \_\_ / \_\_

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ WORK PHONE (optional):( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

OCCUPATION: \_\_\_\_\_ DATE OF BIRTH (optional): \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

LIST ANY ALLERGIES, HEALTH CONDITIONS, ETC. THAT WOULD PREVENT YOU FROM PARTICIPATING IN HANDS-ON ACTIVITIES:

WILL YOU BE ABLE TO ATTEND ALL CLASSES? IF NO, PLEASE COMMENT: \_\_\_\_\_

ARE YOU INVOLVED IN THE COMMUNITY? HOW? \_\_\_\_\_

WHY DO YOU WISH TO PARTICIPATE IN THE FIRE-EMS CITIZEN ACADEMY? \_\_\_\_\_

WHAT DO YOU HOPE TO GAIN FROM YOUR PARTICIPATION IN THE PROGRAM? \_\_\_\_\_

IF YOU ARE NOT SELECTED FOR THIS CLASS, WOULD YOU BE INTERESTED IN ATTENDING A FUTURE CITIZEN ACADEMY? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE FIRE-EMS CITIZEN ACADEMY? \_\_\_\_\_

I understand that activities in the Roanoke Fire-EMS Citizen Academy may involve lifting, moderate physical exertion and climbing. I understand that such activities pose potential risks of death or injury including, but not limited to, strained muscles, cuts and bruises, and broken limbs and paralysis. In exchange for being able to participate in the Roanoke Fire-EMS Citizen Academy, I expressly assume the risk of injury or death, whether foreseen or unforeseen. I also release the City of Roanoke, its officers, agents, employees, volunteers, and all agencies associated with this program from any and all liabilities for claims for personal injury, death or property damage arising out of or related to participation in this program. I further agree to indemnify the City of Roanoke and its officers, agents, employees and volunteers for any and all claims, damages, losses and expenses, including attorney's fees, for any harm, injury, damage or loss which may be sustained by me arising out of or related to participation in this program.

X \_\_\_\_\_  
Signature of Applicant

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_  
Date